DOTD 03-16-0030
REV. 12/99

STATE OF LOUISIANA
DEPT. OF TRANSPORTATION
AND DEVELOPMENT
APPLICATION FOR LEAVE

SECTION or DISTRICT_____
SSN _____
GANG NO. _____

DATE _____, 20_____

This is a request for _____ ☐ hour(s)

☐ ANNUAL ☐ SICK (See Below) ☐ COMPENSATORY ☐ CIVIL

☐ OTHER * ☐ LEAVE WITHOUT PAY * ☐ EDUCATIONAL ☐ MILITARY

☐ FAMILY LEAVE * CHECK ONE: _____ Annual _____ Compensatory
_____ Sick _____ Leave Without Pay

for the period beginning:
A.M.
_____:_____P.M., _____, 20 _____

and ending

A.M.
_____:_____ P.M., _____, 20 _____

_____
Employee's Signature

APPROVED: _____
DISTRICT ADMINISTRATOR or SECTION HEAD

* REASON OR EXPLANATION:
_____

_____

SICK LEAVE

This is to certify that my absence from duty was due to illness and that I was unable to perform my work or be at my post of duty during the period covered by this application for leave.

_____
Employee's Signature

PHYSICIAN'S CERTIFICATE I certify that
_____ was under my care for an illness or injury which incapacitated the employee for duty during the period _____, 20 ____ through _____, 20 ____.

_____ _____ M.D.
Date Signature